

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079363

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		San Juan 28-6 Unit	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
El Paso Natural Gas Company		San Juan 28-6 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	
Box 990, Farmington, New Mexico 87401		206	
10. FIELD AND POOL, OR WILDCAT		Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		Sec. 10, T-27-N, R-6-W	
12. COUNTY OR PARISH		13. STATE	
Rio Arriba		New Mexico	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		
	6281' GL		

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
		FRACTURE TREATMENT	<input type="checkbox"/>
		SHOOTING OR ACIDIZING	<input type="checkbox"/>
		(Other)	<input type="checkbox"/>
		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
		REPAIRING WELL	<input type="checkbox"/>
		ALTERING CASING	<input type="checkbox"/>
		ABANDONMENT*	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

- 1 5-3-74 Spudded well. Drilled surface hole.
- 5-4-74 Ran 6 joints 9 5/8", 32.3#, H-40 surface casing, 193' set at 205'. Cemented with 225 cu.ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



18. I hereby certify that the foregoing is true and correct

SIGNED M. B. Duico TITLE Drilling Clerk DATE 5-7-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

St.